Maintaining Self-Awareness when responding to a call involving a mentally ill individual The 10 things you Want to Do and the 5 things you Don't Want to Do

What you Want to Do:

- 1) **Be supportive & be humble**. Focus on the "Protect & Serve" function if there is not an imminent risk of harm to anyone else.
- 2) If you are not CIT trained, **call for CIT back-up** in ANY case when dealing with a person with mental instability.
- 3) Learn the person's name and use it often.
- 4) Imagine that this is family member, friend, or neighbor that you are talking to. Anything that helps increase your empathy for someone who is ill, even if you can't see what is wrong inside their head.
- 5) **Ask questions & be a good listener** that invites conversation easily (pause often, smile, make single or double head nods).
- 6) **Keep the conversation positive.** Say things like "I want to help you" and "You're not in trouble," when possible.
- 7) Ask about any mental health care they may be receiving or have received ... dig a little. Specifically, ask 1 or 2 follow up questions like "Is there anyone else you are seeing that is helpful for you?" "Is there anyone else who provides care for you like a doctor, nurse or counselor or anyone else who you think we should talk to, maybe a friend, family member, sponsor, spiritual leader, etc?"
- 8) **Talk about available resources.** When they are talking about bizarre or delusional content, be comfortable saying "I don't know about that," and steer the conversation towards something like "That is not my specialty but I can get you to talk with someone who knows more about it." Directing them to talk to others (mental health professionals) takes some pressure off of you.
- 9) Let the person know that they are safe with you. Remember that your uniform, badge, gun and all the other characteristics that identify you as law enforcement is easily evident to the mentally ill person. Try to use that as a way to keep them safe and comfortable. For example, it is better to say something like "I'm here and I keep help keep you and everyone safe," rather than saying "I'm here to keep things peaceful." The first statement includes the mentally ill person in your discussion of safety & peace while the 2nd statement is more vague and could be easily confused as a slight threat, like "If you act out, I'll keep others safe" without obviously including the mentally ill individual. (Fight/Flight/Freeze)
- 10) Be proactive and a presence in the community. When talking to mental health workers they repeatedly said that the ones that are familiar with our clients are a step ahead when they are called out to a "crisis" situation. For example, is there a mental health group home in your community? If so, can you talk to your supervisor and the group home's supervisor and set up a time where you can make a courtesy visit. If the client's meet you in a non-crisis mode and see you leave after the visit without taking anyone with you in the squad car, you've set precedent that you are a "peace officer" and not simply a "law enforcement officer."

What you Don't Want to Do:

- Don't shoot. Taser if you must. It will truly be the exceptional situation when the mentally ill
 person you are talking to has a weapon and/or means to do you harm. Use only non-lethal
 force when needed.
- 2) Don't talk in a manner that is condescending, is loud or seems like you are shouting or in any way is not productive or displays a lack of composure. You don't like being talked down to or yelled at ... don't talk down to someone unstable, it may escalate them further.
- 3) **Don't get in power struggles**, specifically, Don't get too caught up in the "enforcement" aspect of your job if the crime is petty (like trespassing at a business). Simply work towards the "protect and serve" element that satisfies all involved. For example, act like an advocate for both the mentally ill person and the business ... focus on your desire to "keep peace" rather than using the leverage that can be present when in the position of authority. This will likely appease the business owner (with whom you can calmly talk to once the crisis is de-escalated) and sends the message to the mentally ill individual that you are not looking to use force and are more likely to advocate and support them.
- 4) **Don't posture in a threatening way**. Don't have your hand on your gun. Don't "puff up." Don't out your hands on your hips all the time. Show your hands (specifically your palms).
- 5) **Don't corner an agitated person**. Maintain a safe physical distance.

A final note about self-awareness and communication:

Sure you understand verbal and non-verbal communication, but do you understand "Paraverbal" communication? **Paraverbal communication is "How we say What we say."** In your efforts to be an excellent communicator – one who is easy to talk to, confident, and approachable – it is essential to better understand how we say what we say.

There are **3 forms of Paraverbal Communication**:

- Tone of Voice A supportive tone of voice includes sounding calm, speaking clearly, articulating
 one's words, and generally sounding composed. Unproductive and unsupportive tones of voice
 include sounding upset, uninterested, hostile, demanding, or condescending.
- Volume Use of reasonable volume, relative to the situation, can indicate a level of support & composure. For example, when needing to provide potentially difficult feedback to a mentally ill individual in the community, speaking in a quieter volume away from others will be perceived with more respect. Similarly, any time you use a calm voice that reinforces your professionalism.
- **Cadence.** This means "rate and rhythm of speech." A supportive cadence includes speaking clearly and articulating one's words evenly. Short sentences are also often valuable to help the listener process what is being said. Unproductive and unsupportive rhythmic elements of speech include rapid and pressured speech or making a lengthy statement when a shorter one could have been used (thereby confusing the listener).